Public Menta	al Health S	ystem Rates Effective January 1, 2015		I	I			I			I			I				
		,								PRP/RRP								
Procedure	E&M	Service Description																
			MD non-facility	MD/NPP facility	NPP	PHD Psych	LCSW, RN Ther,	OMHC	On-Site	Off-Site	On/Off Site	FOHC	CM	Mobile Tx	1 raumat Brain	Freestandin Part. Hosp.		Resident. Crisis
			non raomity	POS		1 Syon	LCPC		On one	On one	On/On One	1 4110	O.I.I	MODILE 1X	Injury	Program	Facility	Facility
				21,22,31,32,													,	'
				51,52														'
	FESSIONA	L SERVICES FOR IOP, PHP & CRS											1					
90791 90791		Psychiatric diagnostic evaluation	151.68 151.68		106.01 106.01	123.50 123.50	108.13 108.13	173.73 194.03										igwdapprox
90791		C&A Psychiatric diagnostic evaluation Psychiatric diagnostic evaluation with medical services	151.68		106.01	123.50	100.13	173.73										
90792		C&A Psychiatric diagnostic evaluation with medical services	151.68		106.01			194.03										
99201		Evaluation and Management, including Rx -Minimal, new patient	45.67	27.61	45.67			45.67										
99202		Evaluation and Management, including Rx -Straight forward, new patient	78.32	52.58	78.32			78.32										
99203		Evaluation and Management, including Rx -Low complexity, new patient	113.59	80.17	113.59			113.59										
00004		Evaluation and Management, including Rx -Moderately complex, new patient	474.40	407.00	474.40			47440										
99204 99205		Evaluation and Management, including Rx -Highly complex, new patient	174.10 216.65	137.23 177.09	174.10 216.65			174.10 216.65						-				H
99211		Evaluation and Management, including Rx -Minimal	21.21	9.68	21.21			21.21										
99212		Evaluation and Management, including Rx -Straight forward	46.05	26.46	46.05			46.05										
99213		Evaluation and Management, including Rx -Low complexity	76.72	53.67	76.72			76.72										
99214		Evaluation and Management, including Rx -Moderately complex	113.09	82.36	113.09			113.09										<u> </u>
99215 90832		Evaluation and Management, including Rx -Highly complex Individual psychotherapy (30 min) MD Only	151.24 43.78	115.90	151.24 43.78			151.24 44.66										\vdash
90834		Individual psychotherapy (30 min) MD Only	82.30		82.30			83.95										
		PROFESSIONAL SERVICES	02.00		02.00			-										
90791		Psychiatric diagnostic evaluation	151.68		106.01	123.50	108.13	173.73										
90791		C&A Psychiatric diagnostic evaluation	151.68		106.01	123.50	108.13	194.03										└─ ─'
90792 90792		Psychiatric diagnostic evaluation with medical services C&A Psychiatric diagnostic evaluation with medical services	151.68 151.68		106.01 106.01			173.73 194.03										igwdapsilon
90792		Individual psychotherapy (30 min)-Outpatient	50.05		34.98	40.89	35.68	51.05										
90832		C&A Individual psychotherapy (30 min)-Outpatient	50.05		34.98	40.89	35.68	60.37										
90833		30 min Psychotherapy add on	50.05		34.98			51.05										
90833	Υ	C&A 30 min Psychotherapy add on	50.05		34.98			60.37										
90834		Individual psychotherapy (45 min)-Outpatient	90.94		63.77	74.10	65.05	92.76										<u> </u>
90834 90836		C&A Individual psychotherapy (45 min)-Outpatient 45 min Psychotherapy add on	90.94 90.94		63.77 63.77	74.10	65.05	107.30 92.76										
90836		C&A 45 min Psychotherapy add on	90.94		63.77			107.30										
90837	·	Individual psychotherapy (60 min)						92.76										
90837		C&A Individual psychotherapy (60 min)						107.30										
90838		60 min Psychotherapy add on						92.76										
90838 90839	Υ	C&A 60 min Psychotherapy add on						107.30 102.10										igwdapprox
90839		Psychotherapy for crisis, first 60 min C&A Psychotherapy for crisis, first 60 min						120.74										
90840		Psychotherapy for crisisadditional 30 min						55.24										
90840		C&A Psychotherapy for crisis additional 30 min						63.01										
90846		Family psychotherapy without patient present	85.02		53.81	71.36	54.89	91.94										
90846		C&A Family psychotherapy without patient present	85.02		53.81	71.36	54.89	106.21										
90847 90847		Family psychotherapy with patient present (45-60 min) C&A Fam psychoth with patient present (45-60 min)	94.71 94.71		65.64 65.64	77.94 77.94	66.95 66.95	96.60 109.77										
90847-52		C&A Family psychotherapy with patient present-Abbrev	58.65		41.17	47.76	41.99	59.82										
90849		Multiple family group psychotherapy 45 - 60 minutes						40.63										
90849		C&A Multiple family group psychotherapy 45 - 60 minutes						42.82										
90849-52		Multiple family group psychotherapyAbbrev						36.47										$ldsymbol{\Box}$
90849-52 H2027		C&A Multiple family group psychotherapyAbbrev Family psycho-education with consumer present						39.32 54.89										igwdapprox
H2U21		Family psycho-education with consumer present						54.89										
90853		Group psychotherapy (not multi-family.) 45-60 minutes	24.75	i e	24.75	25.25	25.25		l	1	i e			i e				
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	24.75		24.75	25.25	25.25	41.72										
90853-21		Group psychotherapy prolonged (More than 75 minutes)						51.59										
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)	45.00	07.01	45.0=			51.59										igsquare
99201 99201		Evaluation and Management, including Rx -Minimal, new patient C & A Evaluation and Management, including Rx -Minimal, new patient	45.67 45.67	27.61 27.61	45.67 45.67		1	45.67 45.67	 	1								$\vdash \vdash \vdash$
99201		Evaluation and Management, including Rx -winimar, new patient	78.32	52.58	78.32			78.32	 									\vdash
		C & A Evaluation and Management, including Rx -Straight forward, new		1	T		İ	T	l	1	i e			l				
99202		patient	78.32	52.58	78.32			78.32										'
99203		Evaluation and Management, including Rx -Low complexity, new patient	113.59	80.17	113.59			113.59										\Box
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient	113.59	80.17	113.59			113.59										1 !
55205		Evaluation and Management, including Rx -Moderately complex, new patient	113.39	00.17	113.38			113.39	 	 								
99204			174.10	137.23	174.10			174.10										1 !
		C & A Evaluation and Management, including Rx -Moderately complex, new																
99204		patient	174.10	137.23	174.10			174.10	<u> </u>	<u> </u>								

Public Menta	al Health S	ystem Rates Effective January 1, 2015																
		, , , , , , , , , , , , , , , , , , ,								PRP/RRP								
Procedure	E&M	Service Description																
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC	00	011 011	0/0// 0:/-	FOLIO	011	M - 1 11 - T-	Traumat	Freestandin		Resident.
			non-facility	facility POS		Psych	RN Ther,		On-Site	On-Site	On/Off Site	FUHC	CM	Mobile Tx	Brain Injury	Part. Hosp. Program	Facility	Crisis Facility
				21,22,31,32,			20.0								iiijai y	riogram	lacinty	lacinty
				51,52														
99205		Evaluation and Management, including Rx -Highly complex, new patient	216.65	177.09	216.65			216.65										
		C & A Evaluation and Management, including Rx -Highly complex, new patient																
99205			216.65	177.09	216.65			216.65										Ь
99211		Evaluation and Management, including Rx -Minimal	21.21	9.68	21.21			21.21										├
99211 99212		C&A Evaluation and Management, including Rx -Minimal Evaluation and Management, including Rx -Straight forward	21.21 46.05	9.68 26.46	21.21 46.05			21.21 46.05										├ ──
99212		C&A Evaluation and Management, including Rx -Straight forward	46.05	26.46	46.05			46.05										
99213		Evaluation and Management, including Rx -Low complexity	76.72	53.67	76.72			76.72										
99213		C&A Evaluation and Management, including Rx -Low complexity	76.72	53.67	76.72			76.72										
99214		Evaluation and Management, including Rx -Moderately complex	113.09	82.36	113.09			113.09										
99214		C&A Evaluation and Management, including Rx -Moderately complex Evaluation and Management, including Rx -Highly complex	113.09 151.24	82.36 115.90	113.09 151.24			113.09 151.24										
99215 99215		C&A Evaluation and Management, including Rx -Highly complex	151.24	115.90	151.24			151.24										
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	50.05	110.00	34.98	40.89	35.68	51.05										
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	90.94		63.77	74.10	65.05	92.76										
90889		Discharge OMS (HCFA)						21.96										
0929		Discharge OMS (UB)															21.96	
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service				101.00		101.00										$ldsymbol{ldsymbol{eta}}$
96102		Psychological Testing Computer (Flat rate) Office Consultation - also used for H&P for PHP (15 Min)	51.53	35.40	51.53	28.10		28.10										——
99241 99242		Office Consultation - also used for H&P for PHP (15 Min) Office Consultation - also used for H&P for PHP (30 min)	96.44	73.78	96.44													├ ──
99243		Office Consultation - also used for H&P for PHP (40 min)	131.63	102.82	131.63													
99244		Office Consultation - also used for H&P for PHP (60 min)	194.26	162.75	194.26													
99245		Office Consultation - also used for H&P for PHP (80 min)	237.54	202.19	237.54													
99245		Prolonged phy svc reg face-to-face pat contact beyond the usual service	237.54	202.19	237.54													├──
99354		Prolonged piny svc requace-to-face par contact beyond the usual service						104.57										
00255		Each additional 30 minutes of a prolonged phy svc						100.00										
99355 INPATIENT	HOSPITAL	SERVICES						102.26										
99221		Initial hospital care (30 min) (MD only)	106.21	106.21	106.21													
99221		C&A Initial hospital care (30 min) (MD only)	106.21	106.21	106.21													
99222		Initial hospital care (50 min) (MD only)	144.23	144.23	144.23													
99222		C&A Initial hospital care (50 min) (MD only)	144.23	144.23	144.23													
99223		Initial hospital care (70 min) (MD only)	212.42	212.42	212.42													
99223		C&A Initial hospital care (70 min) (MD only)	212.42	212.42	212.42													
99231		Subsequent IP care (15 min) (MD only)	40.97	40.97	40.97													Ь
99231		C&A Subsequent IP care (15 min) (MD only)	40.97	40.97	40.97													<u> </u>
99232		Subsequent IP care (25 min) (MD only)	75.25	75.25	75.25													<u> </u>
99232 99233		C&A Subsequent IP care (25 min) (MD only) Subsequent IP care (35 min) (MD only)	75.25	75.25	75.25													├
99233		C&A Subsequent IP care (35 min) (MD only)	108.41 108.41	108.41 108.41	108.41 108.41													
99238		Hospital discharge day mgmt (30 min or less) (MD only)	75.82	75.82	75.82													
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	75.82	75.82	75.82													
99239		Hospital discharge day mgmt (>30 min) (MD only)	112.04	112.04	112.04				l									
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	112.04	112.04	112.04													
99251		Initial inpatient consultation (20 min) (MD only)	51.70	51.70	51.70													
99252		Initial inpatient consultation (40 min) (MD only)	79.28	79.28	79.28													
99253		Initial inpatient consultation (55 min) (MD only)	121.01	121.01	121.01													
99254		Initial inpatient consultation (80 min) (MD only)	174.62	174.62	174.62													
99255		Initial inpatient consultation (110 min) (MD only)	211.06	211.06	211.06													
99281		ER Visit	21.90	21.90	21.90				ļ								ļ	<u> </u>
99282		ER Visit	43.07	43.07	43.07						ļ							├
99283 99284		ER Visit	64.18	64.18	64.18				!	}	!					}	!	├
99284		ER Visit	122.42 179.86	122.42	122.42				 								 	
MISCELLAN	FOUS	ETY VIOR	1/9.86	179.86	179.86													
00104		Anesthesia for ECT	98.27															
90870		ECT single seizure w/ monitoring (Physician only)	98.39	1					l	1	 					1	l	
		· · · · · · · · · · · · · · · · · · ·	55.55						 		i e	Ind.					l	
T1015		Clinic visit/encounter, all inclusive rate per day										Rate						
36415		Collection of blood by venipuncture						15.24										
96372		Therapeutic injection						15.24										
SPECIAL SE	RVICES																	

Public Menta	al Health Sy	stem Rates Effective January 1, 2015																
		•								PRP/RRF								
Procedure	E&M	Service Description																
			MD	MD/NPP	NPP	PHD	LCSW,	OMHC		27.21	- 1211 211				Traumat	Freestandin		Resident.
			non-facility	facility		Psych	RN Ther, LCPC		On-Site	Off-Site	On/Off Site	FQHC	CM	Mobile Tx	Brain Injury	Part. Hosp. Program	Facility	Crisis Facility
				POS 21,22,31,32, 51,52			LOFG								injury	Frogram	racility	racinty
S0201		Mental health partial hosp, tx <24 hours														207.75		
S0201-52		Intensive outpatient program (IOP)														113.07		
S9480		Intensive OP psych svcs, per diem (clinic model)						132.28										
S9480		C&A Intensive OP psych svcs, per diem (clinic model)						157.25										
H0032		Interdisciplinary team tx plng w/patient present						84.53										
H0046		Therapeutic Nursery						43.04										
OCCUPATIO	NAL THER																	
97003		Occupational therapy evaluation, per 15 min					15.37											
97004 97150		Occupational therapy re-evaluation, per 15 min Therapeutic procedure(s) group (2 or more)					15.37											
97530		Therapeutic activities, direct patient contact, per 15 min.					18.67 12.07											
97532		Development of cognitive skills, direct contact per 15 min.					12.07											
97535		Self-care/home mgmt trng, per 15 min.					12.07											
97537		Community/work reintegration trng, direct contact, per 15 min.					12.07											
	ALTH CAS	E MANAGEMENT					, 2.01											
H0031		Case Management Annual Assessment (only if approved by program)											110.78					1
T1016		Mental health case management (Daily rate)											110.78					†
													\$20.19/					
T1017		Targeted Case Management (Children and Youth)											15 mins.					
MOBILE TRE	ATMENT																	
H0040-21		Assertive Community Treatment (ACT) EBP												1,207.52				
H0040-U9		Assertive Community Treatment (ACT) EBP for Medicare consumers												1,070.30				
H0040		Mobil treatment Non-EBP												856.24				
H0040-52		Mobil treatment Non-EBP for Medicare consumers												656.45				
	C REHABI	LITATION-RESIDENTIAL REHABILITATION PROGRAM																
H0002 H2016		Rehabilitation Assessment Encounter (only bill w/POS 15 (off-site) or 52 (on-site)							62.85	62.85								\vdash
S9445		Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)									400 ==							
H2018-U2		Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)							109.77	109.77	109.77 435.53							
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)							186.88									
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)								248.64								
H2018-U3		Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)									776.10							
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)							264.56									<u> </u>
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)								511.54								
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							456.65									<u> </u>
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)								1,226.17								
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							456.65									
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)								3,185.63								
H2018-U6		Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)									1,682.83							
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)									3,642.29							
T1023		Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)									456.65							
HOUSING SE	RVICES																	
T2048		Residential room and board (per day)							12.84									12.84

1		System Rates Effective January 1, 2015								PRP/RRP	I							+
Procedure	E&M	Service Description								I IXI /IXIXI								+
roocaarc	LOW	our vioe becompain	MD	MD/NPP	NPP	PHD	LCSW,	OMHC							Traumat	Freestandin		Resider
			non-facility	facility		Psych	RN Ther,		On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
				POS			LCPC								Injury	Program	Facility	Facility
				21,22,31,32,														
				51,52														
55150		Enhanced support (per hour) (10 hour maximum)							13.17									
10019		Crisis Bed hold (per day)							12.84									12.8
ESPITE CA	RE																	
10045		Adult Respite care, not in home, per diem							77.12									1
10045		C&A Respite care, not in home, per diem																177.8
								\$3.56/						\$3.56/				
1005		In home respite care						15min.						15min.				
RESIDENTIA	L CRISIS:	SERVICES																
9485		Residential crisis services (also bill as T2048)																257.3
55145		Residential crisis, treatment foster care																165.5
UPPORTE	EMPLOY	MENT																
12023		CSA w/lifetime benefit of \$2,750)								7.55								
		Supported employment (Pre-placement phase) (Auth'd by CSA and has a																
12024		maximum number of 3 units/year)								439.10								
12024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)								1.096.64								
12024-21		Ongoing support to maintain employment, per month								356.77								
12026		Ongoing support to maintain employment, per month - EBP								439.10								
39445-52		Clinic coordination - EBP																
RAUMATIC	DD AINLIN									109.77								
V0037	BRAIN IN	Residential habilitation Level 1 (per day)													196.62			_
V0037 V0038		Residential habilitation Level 1 (per day)													260.34			
V0038 V0039		Residential habilitation Level 2 (per day)													360.17			
V0059		Day habilitation Level 1 (per day)													50.76			
V0054 V0055		Day habilitation Level 1 (per day)																
V0055		Day habilitation Level 2 (per day)													88.55			
V0050 V0057		Supported employment Level 1 (per day)													124.58			
V0057 V0058		Supported employment Level 2 (per day)													30.12 50.76			
V0058		Supported employment Level 2 (per day)													124.58			
V0060		Individual Support Services (ISS)													24.62			
	IC DELIAN	/IORAL SERVICES													24.02			+
HERAFEU	IC BLIIAV	TORAL SERVICES																+
		Initial Assessment & Development of Behavioral Plan for TBS to be billed in	\$26.91/15															
96150		15 minute increments (max 4 units)	mins															
		To minute incomente (max 4 units)	111110															
																		<u> </u>
96151		Reassessment and development of new Behavior Plan for TBS (licensed	\$25.29/15															
-0.0.		TBS Providers only) to be billed in 15 minute increments (max 4 units)	min															
		EPSDT Health & behavior intervention (must be a designated provider of																+
96152		Therapeutic Behavioral Services) to be billed in 15 minute increments (max 96	\$5.50/15															
		units)	minutes									L						
 	de ueina Di	OS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed																